

**APPLICATION FOR RE-ENGAGEMENT OF RETIRED EMPLOYEE FOR
PARA-MEDICAL CATEGORIES**

To,
CPO
CLW/Chittaranjan

Paste one
recent
Passport size
photograph

Sir,

I, the undersigned, hereby would like to render my willingness to be re-engaged for the Para-Medical categories under PCMO/KGH/CLW against Notification No. GMA/Med/Re-engagement/Retired Staff dated:01.07.2025.

1. Name of the Para-Medical categories, applied for: -
2. Name in full (capital letters) :
3. Designation :
4. Father's Name :
5. Date of Birth :
6. Date of Retirement :
7. Office from which retired :
8. PPO No. :
9. Age as on :
10. Basic Pay + DA drawn on retirement:
11. Basic Pension as per PPO :

I declare that the above information is true to the best of my knowledge and agree to be re-engaged as per terms and condition mentioned in your notice. I do submit the following documents for your kind information and consideration

- (a) Copy of last PPO, Pensioner's Identity Card, Aadhaar Card
- (b) Two recent Passport size photographs.
- (c) Copy of Service Certificate.

Date:

Place: _____

(Signature of the Applicant)
Contact No:

Present Address:

